

MEDICAL RECORD	RELEASE AGAINST MEDICAL ADVICE For use of this form, see AR 40-68; proponent agency is the Office of The Surgeon General
STATEMENT OF PATIENT RELEASING HOSPITAL/CLINIC FROM LIABILITY UPON LEAVING HOSPITAL/CLINIC AGAINST MEDICAL ADVICE	
<p>1. This is to certify that I am leaving _____ at my own insistence and against the advice of the <div style="text-align: center;">(Name of Medical Treatment Facility)</div> hospital/clinic authorities and my attending physician(s).</p>	
<p>2. I have been advised of and understand the potential dangers involved in leaving the hospital/clinic at this time. The potential medical risks that have been explained to me include: _____</p>	
<p>3. I have been advised of and understand the follow-up actions recommended by my health care provider which include: _____</p>	
<p>4. I hereby release the hospital/clinic, its staff and the Federal Government of all responsibility for any ill effects brought about by my failure to continue medical evaluation and/or treatment as recommended.</p>	
_____ (Signature of Patient/Date and Time)	_____ (Signature of Physician/Designee)
_____ (Signature and Address of Witness)	
STATEMENT OF REPRESENTATIVE OF PATIENT RELEASING HOSPITAL/CLINIC FROM LIABILITY UPON LEAVING HOSPITAL/CLINIC AGAINST MEDICAL ADVICE	
<p>1. Representative's name _____ Relationship to the patient _____</p>	
<p>2. I, _____, insist that _____ be discharged/released from <div style="display: flex; justify-content: space-around;"> (Representative's Name) (Patient's Name) </div> without the authorization of hospital/clinic authorities and his/her attending physician(s). <div style="text-align: center;">(Name of Medical Treatment Facility)</div> </p>	
<p>3. I have been advised of and understand the potential dangers involved in having the patient leave the hospital/clinic at this time. The potential medical risks that have been explained to me include: _____</p>	
<p>4. I have been advised of and understand the follow-up actions recommended for the patient which include: _____</p>	
<p>5. I hereby release the hospital/clinic, its staff and the Federal Government of all responsibility for any ill effects associated with failure to continue _____'s medical evaluation and/or treatment as recommended. <div style="text-align: center;">(Patient's Name)</div> </p>	
_____ (Signature of Patient's Representative/Date and Time)	_____ (Signature of Physician/Designee)
_____ (Signature and Address of Witness)	
Patient ID Plate or Printed Name and SSN, Address, and Daytime Telephone Number	<div style="border-bottom: 1px solid black; padding-bottom: 5px;"> PREPARED BY (Signature & Title) </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> DEPARTMENT/ WARD/CLINIC </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> DATE and TIME </div>